

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/521299** FILING DATE **Winston Alvarez**  
APPLICANT(S) **National Stage Processing**  
PERSONAL SPECIALIST **(703) 355-6221**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2	/		/			
3	/		/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
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TOTAL IND.	5	↓	4	↓		↓
TOTAL DEP.	9	←	12	←		←
TOTAL CLAIMS	14		16			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						